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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF TINEA TRICOPHYTINA UNGUIUM.

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Read before the Philadelphia County Medical
Society, April 22d, 1878.

The case which I have the honor of showing the Society this evening is one exhibiting a quite rare form of nail disease, designated tinea trichophytina unguium, or onychomycosis trichophytina. The condition may be briefly defined as an invasion of the nail by the vegetable growth known as the trichophyton. Not only the surface, but the entire substance of the nail is thus affected, causing opacity and yellowish discoloration, together with increase in bulk, more or less fissuring, fracture, and ultimately crumbling of the nail. The notes of the case are as follows:—

The patient, J. D., is a single woman, of medium size, but of spare frame, twenty-five years of age. She has light brown hair. Her occupation is that of a weaver, which she has followed for a number of years. She looks weakly and frail, but according to her statement she has until lately always enjoyed average general health. Her father and sister died of consumption.

The nail disease manifested itself about six years ago, two nails, the thumb and index finger of left hand, being attacked at the same time. These were involved to about the same

degree that we now see the index finger nail of the right hand. The disease first showed itself around the free border of the nails. It gradually, in the course of six months, took possession of the whole of both nails, after which, without treatment, it slowly disappeared, so that by the end of the year from the commencement these two nails were again perfectly healthy.

About four months after the two nails just referred to were invaded, "ringworms," as she terms them, made their appearance on the fingers of the diseased nails. They gradually crept up the fingers, over the back of the hand and wrist, and later appeared upon the arms and upon the general surface. She states that she has had these lesions (and there is, from her description of them, every reason to believe that they were truly patches of tinea circinata), off and on, quite constantly, for the last five and a half years. They have occurred chiefly about the wrists and knees. They would very frequently completely encircle the wrists, and were always of a more aggravated type on the left than on the right wrist. They were particularly prone to occur in the flexures of the knees. They were also of very frequent occurrence about the back of the neck and around the waist. The face never manifested any signs of the disease. The lesions of tinea circinata over the general surface were of all sizes, from a split pea to a silver half-dollar, beginning usually as irregularly rounded, split-pea sized patches, and in time forming smaller or larger rings. Often they would coalesce, constituting variously sized irregularly shaped, more or less indistinctly defined patches. They lasted a variable time, from a few weeks to as many

months. She states that she has often counted upon her a dozen or more distinct lesions, and that since the commencement she has certainly had hundreds of them. They were never very red nor inflammatory, but were very itchy.

As stated, two finger nails were attacked four months before any disease of the skin appeared. About one year later the other nails began to be affected in the same manner as the first two nails, so that within a year and a half all the nails which are now involved had been attacked. The thumb-nail of the right hand, which was one of the two nails first invaded, was very badly diseased, even more so than any at the present time. The thumb was, for some time, very much swollen, so that she was unable to wear a glove. It will be remembered that this nail recovered within a year from the date at which it began, without treatment. All of the diseased nails have been better and worse from time to time, but none of them, within the last five years, have shown any disposition to return to health. They have never been the seat of any subjective symptoms. They grow, after cutting, quite as rapidly as the healthy nails.

At the present time the general surface of the body is entirely clear of disease, and she states, has been so for at least a year. She has not noticed any patches of *tinea circinata* during this period.

Five nails are affected; the nails of the thumb and little finger of left hand, and the index, middle and little fingers of the right hand. The other nails are perfectly healthy, and are in all respects well shapen and symmetrically formed. The toe nails appear to be sound.

As they are all very similarly involved, the same description will apply to all of them. They are firmly seated on their beds, showing no tendency to become detached. They are markedly thickened, in some places treble the normal thickness, two of them being considerably raised up, and in the form of the exterior of an oyster shell, while the others are even flatter than normal. Their surfaces are uneven, rough and rugged, depressions and eminences existing here and there quite conspicuously. Furrows are also present, running both transversely and longitudinally. Several of the nails are split up their entire length; others are not at all fissured. The free borders are in all instances broken, ragged, and more or less split to the quick. There is, moreover, marked thick-

ening here, together with a mass of dense, soft, broken-down nail substance, of a dirty greenish-yellowish color.

The color of the body of the nails is pale-yellowish, with here and there opaque, whitish, ill-defined specks, the size of small and large pin-heads. Striæ of a greenish-grayish color, caused by extraneous matter collecting about the fissures, are also present. Here and there the nail substance is formed into irregular ridges, or a fragment of nail has become detached, leaving an irregularly-shaped cavity, or a shreddy surface. The nails are in some places soft, and can be readily scraped away, while at other points they are still quite hard, and can only be removed by paring them away.

They are manifestly involved throughout their entire substance, from their external surface to their beds, for the yellowish infiltration is seen to lie deeply imbedded. Moreover, by scraping and cutting it is seen that the disease penetrates deeply. The infiltration of the fungus exists more extensively at some points than at others, as shown by the presence of the whitish and yellowish specks referred to, representing foci of disease. All the nails, moreover, are invaded throughout their whole surface, from their borders to their roots, and from side to side.

Upon cutting into the more diseased nails, or even upon scraping them with a blunt instrument, the nail substance is found to be soft, and to break down or to split into laminæ or fragments, varying in size and shape. The free borders are much more brittle and friable than the central portion of the nails; still, the whole nail substance is noted to be the seat of more or less disease.

Under the microscope both the scrapings and parings show the trichophyton fungus in abundance. It should be stated that the specimens, previous to examination, were first soaked for five minutes in liquor potassæ, to break up the adherent cells of the nail, after which they were washed in distilled water, and examined in a saturated solution of acetate of potassium. The liquor potassæ plays an important part in destroying a certain amount of nail substance, thus rendering the fungus more clearly visible. It is in all cases an indispensable agent in the examination of the several vegetable parasites of the skin, whether attacking the epidermis, hair, or nail. Although, as has been stated, the growth is present in quantity, it will not be

found in every fragment of nail substance that may be submitted to the microscope. In many small pieces, and also in some specimens of nail dust or filings, it may not be found, or in such small quantity, and so broken, as to be scarcely recognizable. In the examination of the vegetable parasites of the skin, it is well known to those accustomed to study these structures, that it is often quite impossible to pronounce positively upon one or two spores, or a fragment of mycelium. Various formations and bodies common to microscopic fields may readily be mistaken for vegetable organisms. Indeed, where the growth is scanty, it is not very uncommon for even skilled microscopists to be mistaken, for the moment, in their interpretation of certain structures.

The growth in the present case is unquestionably the trichophyton, the commonest fungus that invades the integument of man, being found as the cause of *tinea circinata*, *tinea tonsurans*, *tinea sycosis* and *tinea trichophytina unguium*. [Specimens were here exhibited under the microscope.] It is characterized by mycelium and spores, both elements being, as a rule, in every possible state of development. In the case before us we observe that the mycelium largely predominates, there being, indeed, but few spores present in the majority of specimens examined. This occurrence is usually the case, the growth as found in the nail appearing very much in the manner as in *tinea circinata*. The mycelium is of all sizes and of all shapes. In some specimens it is luxuriantly developed, long, branching, and of great calibre, while in others it is small, narrow, and manifestly stunted. It varies in form and quantity with the nail upon which it exists, and with external conditions. As a rule it grows most rapidly and luxuriantly where heat and moisture are abundantly provided, whether naturally or artificially. Beyond the presence of the fungus there is nothing worthy of special note to be referred to. As in all cases of parasitic disease of the nail, whether of *tinea favosa* or of *tinea trichophytina*, the cells of the nail substance are more or less dry, shrunken and degenerated, showing here and there variously sized granules.

The notes describing the appearance of the disease, which I have read, were made previous to the patient having been placed upon external treatment, about two months since. The remedies directed consisted in the daily use of the knife, to cut and scrape the nail substance

away as much as possible without causing pain, followed by the application of strong potash soap and water, with a brush, and afterward by an alcoholic solution of corrosive sublimate, three grains to the ounce. As will be seen, the nails have been considerably changed by this treatment. Internally she has been taking preparations of iron, and small tonic doses of arsenic, which I regard as important therapeutic aids in such long continued and obstinate cases of parasitic disease as the present. As a parasiticide, the hyposulphite of sodium in solution (3j ad. 3j) may be favorably mentioned. It should be applied with a cloth tied on the nail, and repeated often.

Within the last month the patient has complained of a new symptom, in no way connected with the nail disease, but which may nevertheless be mentioned. She has, on some four or five occasions, at irregular intervals of a few days or several weeks, suffered from sudden and painless hemorrhages from the bowel. They have in each instance been sudden, the discharge taking place without previous warning to the patient, and unaccompanied with pain or other like symptom. In no instance has the hemorrhage been the result of undue exertion. The quantity of fluid lost varied on different occasions, from a cupful to, she thinks, several pints. It appeared to her as being quite pure blood, of a bright red color. It did not ooze, but gushed forth in volume. Only when it occurred copiously was it followed by weakness and prostration. She has never experienced any symptom of the kind before; nor has she suffered at any time from hæmoptysis, or from epistaxis. Menstruation has always been perfectly normal as to time, quantity, and duration. It has taken place normally during the past three months, and has not been influenced in any way by the hemorrhage from the bowels. The bowels have always been somewhat constipated, and are so at the present time.

Upon examination of the great toe nail of the left foot, to which the patient has lately called my attention, I find it to be opaque, and of a bright, pale-yellow color. This condition has appeared within the last month. No other nail is so affected. The form of the nail is natural, and the surface smooth and polished, the cloudiness and yellowish color being the only symptoms of disease; and were one not looking for parasitic disease the true nature of

the condition would, in all probability, be overlooked.

Within the week my attention has also been directed to several small split-pea sized, irregularly rounded, pale-reddish, slightly scaly lesions on the left forearm and shoulder, which have recently made their appearance. They are found to be the earliest manifestations of *tinea circinata*, the scales of which, under the microscope, show the *trichophyton* plainly. Thus, after an interval of more than a year these lesions again manifest themselves, and probably will continue to do so for some time, unless treated promptly and vigorously.

Disease of the nail due to the presence of the *trichophyton* is of rare occurrence. Köbner (*Virchow's Archiv*, vol. xxii, 1861) reports that out of one hundred cases of *tinea trichophytina* he encountered but two examples where the disease attacked the nails. These occurred in two sisters, children of eight and ten years, who were suffering with *tinea tonsurans*. Two finger nails and two thumb nails were involved in one case, and the two thumb nails only in the other case.

Parser (*Dublin Quarterly Journal of Medical Science*, November, 1865) also gives the notes of two cases, one a young lady, the other a middle-aged man. In the case of the young lady there was a previous history of *tinea circinata* of the finger, but no such disease existed at the time the case came under observation. With the other case there was no history of any previous *tinea circinata*, nor was there any disease of the skin existing at the time. One finger nail and two toe nails were attacked.

Fagge, of London (*Transactions of the Clinical Society of London*, 1868; and *Guy's Hospital Reports*, vol. xv, 1869) reports four examples. The same observer exhibited two other cases before the London Pathological Society in 1870 (*Lancet*, February 5th, 1870).

Anderson, of Glasgow, in his analysis of 11,000 consecutive cases of skin disease (London, 1872), does not appear to have met with the affection. *Tinea trichophytina*, according to his statement, was encountered one hundred and seventy-eight times, occurring on the general surface, scalp and beard. There is no mention of it having in any of the cases involved the nails.

White, of Boston (*Boston Medical and Surgi-*

cal Journal, 1876), in an analysis of 5000 cases of skin disease, reports one hundred and eighty cases of *tinea trichophytina* as occurring upon the scalp, general surface and beard, but does not speak of the disease as having in any case shown itself in the nail.

In my own experience the affection is decidedly a rare one. It has certainly been several years since I have met with a case. At the same time the condition doubtless occurs more frequently than would be inferred from these statistics, being either not brought to the notice of the physician by the patient, or, as I think is more likely the case, passes unrecognized as to the true nature of the disease.

The case that I have described is particularly interesting in the fact that the disease of the nail preceded the affection of the skin. In the majority of cases the nail disease follows the *tinea circinata*. The occurrence of the disease in the toe nail is also a rarity, some authors, as Dr. Fox (*Epitome of Skin Diseases*, London, p. 69), even making the statement that it is never found here. The long duration and the persistency of the *tinea circinata* is also worthy of remark. The facts, that two of the finger-nails that were severely attacked recovered within a year, without treatment, and that the *tinea circinata* recurred after a year's absence, are points that go to show that the disease, under certain conditions, even in the nail, inclines to perish of itself and that where the soil is favorable it may recur, even at long intervals, for an indefinite period.

CASES IN PRACTICE TREATED BY ELECTRICITY.

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Of Philadelphia.

Nearly four years since, the history of a few cases in which electricity proved of value, after the failure of other therapeutic agents, was narrated in this journal, and it is my intention now to allude to another series—a few instances only, from a very large number of cases—in which electricity, in some of its forms, was employed successfully. During the last fifteen years attention has been directed to the value of electricity in the management of disease, and although many educated physicians have investigated, practiced, and reported the results of their observations with this agent, yet the great mass of the profession ignore it, and, as a natu-

ral consequence, the remedy has largely fallen into the hands of advertising quacks. Several causes have determined this result. Unlike drugs, *e. g.*, opium, quinia, mercury, whose virtues having been proved by their repeated use in the hands of others all are able to employ them, electricity must be personally studied as a science, its power and value as a therapeutic agent understood, its adaptability to a given case determined, and the selection and application of the proper current carefully considered in each case. Without this we are merely groping in the dark, wasting the time of ourselves and patient, doing nothing for relief, but frequently making bad worse.

The management and care of apparatus has also been a drawback to the general use of electricity. Although easily mastered, the laws of electricity are almost as great a stumbling block to many physicians as they are to their patients, and the instruments themselves, requiring care to keep them in serviceable condition, are so frequently neglected as to be useless when required. It will not do to lay aside a battery after using it, as you would a stethoscope or a thermometer. Acids continue their destructive action upon plates with no respect to persons, unless proper means are used to prevent the process. Careless handling, by splashing the exciting liquid over portions of the instrument, destroys connections, and much time is spent in finding out where the defect lies, upon finding the battery out of order, although it may have been perfect in action when last used. The employment of the badly-constructed apparatus which is offered for sale all over the country is frequently a cause of loss of confidence in electro-therapeutics. Only those instruments manufactured by well-known firms should be selected, and when obtained, care should be taken to keep them scrupulously clean and efficient. The costliness of the galvanic apparatus has been an obstacle, in many instances, to its general employment. It is, however, not necessary to expend hundreds of dollars for what any one, with moderate skill in mechanics, can construct for himself, at a small outlay, with the result of obtaining a battery as serviceable, if not so handsome and elaborate, as the most expensive. The writer, some twelve years ago, arranged a battery of one hundred cells, which, so far as the battery proper was concerned, cost a little over ten dollars. The coil for faradic currents, with the

necessary switches and appliances, added about an equal sum, and the apparatus yielded results equal in every respect to one costing originally two hundred and twenty-five dollars. In a future paper details of its construction will be given.

In illustration of the value of electricity as an agent in the control and cure of disease, the following cases are offered. In the first group *nervous affections* are considered; in the second *disorders of the reproductive apparatus*, and lastly attention is directed to the use of electricity in *obstetrical practice*.

First. *Nervous Affections*. No class of disease demands greater attention on the part of the physician than diseases of the nervous system, and none are more intractable in their management.

CASE 1. A. L. The patient, a delicate girl, 19 years of age, presented herself with a history similar to that of three sisters, all of whom suffered severely from hysteria. She had been thoroughly saturated, by the physician attending her family, with valerian, musk, camphor, bromides, and tonics of varied names and nature. The hysterical paroxysms were evidently the result of reflex uterine irritation, and an examination being obtained, proved that although neither version nor flexion existed, the uterus was sensitive to pressure, as were also the ovaries. No inflammatory action was present. Assent being obtained to electrical treatment, she was subjected to the galvanic current daily for one week, and thereafter three times each week, for fifteen minutes at each sitting, from ten to twenty-five cells being employed. The current was passed through the uterus and ovaries by placing the positive electrode on the dorsal and lumbar spine, the negative being applied successively to the ovarian region, and to the cervix. Eight weeks' treatment cured the patient, after the failure of all methods for the preceding five years. No remedies were given during the time, aside from electricity.

CASE 2.—N. N. D., a young married lady, twenty-two years of age, with a history similar to the case just related. The hysteria was also evidently of uterine parentage. She had undergone the usual treatment by medicine, and had gone into training *via* gymnastics, the Swedish movement cure, the health-lift, with massage, and probably other varieties of powwowing, all without avail. No change arose

after marriage. Treatment similar to that in Case 1 resulted in a complete cure. Two doses only, of a light saline, were administered during the electrical treatment.

CASE 3.—R. H., a married lady, thirty-one years of age. She suffered from intense trigeminal neuralgia, and for a year past had been more or less constantly under the effect of opiates. Latterly she has relied upon chloral, and was falling into a habit of taking it, which promised to be injurious to her unless controlled. The list of remedies generally given had been well-nigh exhausted before she came under my charge, but before trying electricity, which had failed in similar cases, I put her on large doses of muriate of ammonia, with no benefit. Faradization, although relieving the acute suffering, did not appear to prevent the recurrence of the paroxysms, and, therefore, galvanization was resorted to. She was treated twice daily for one week, once daily for one month, and twice a week thereafter for one month. By that time her neuralgia was gone, and for seven months she never complained, when an accidental wetting whilst driving in the Park caused a return of her malady; but it gave way at once, and half-a-dozen sittings left her in good health and spirits. All medication was abandoned after commencing the electrical treatment.

CASE 4.—J. K., a well-developed boy of four years, had recovered from a severe attack of diphtheria. Paralysis set in two weeks after seeing him for the last time in the conduct of his diphtheria. Having had good results in former cases of a similar character, I commenced general faradization daily, and in ten days he was able to walk with slight assistance. Interruption of the treatment left him, for the next week, in *statu quo*, but on the renewal of treatment he steadily improved, and in two weeks more was discharged as cured. A boy much stouter in development, residing in the same house, who was also paralyzed after diphtheria, was treated by a professional friend, and his paralysis remains at writing, four months subsequent to the invasion of the disability. He has had strychnia, iron, quinine, etc., with sun baths and change of residence, but is very slowly recovering. His physician formerly tried faradic batteries, for numerous unsuitable cases, and necessarily failing, has tabooed the whole subject of electricity as a humbug! He never made an application of *galvanism* or *static electricity* in his practice of

more than thirty years, and refuses to investigate further for himself, or examine the result of other observers.

Second. *Disorders of the Reproductive Organs.* The care of cases of real or supposed impotence, and of spermatorrhœa, or emission of mucus and prostatic fluid, is calculated to try the patience of the physician thoroughly. Many young men are ruined in health and pocket by the brood of quacks living on the mismanagement of these extremely common affections. Any method of treatment which adds practical results in the relief of such patients demands careful trial; and electricity has, beyond contradiction, proved its claim to a prominent position in this respect.

CASE 1. R. F., a young unmarried gentleman, who had gone the round of the advertising charlatans of Baltimore and Philadelphia, came under my care, for relief from supposed impotence. The usual history was elicited—disipation, excessive medication, anxiety, amounting almost to mania, and approaching marriage, the worst factor in the case. He was reassured as far as possible, a placebo ordered, and galvanism commenced. Whether his malady was imaginary or otherwise, his muscular and nervous system were shattered. Six weeks' treatment made a new man of him. The method of central galvanization advocated by Beard and Rockwell rapidly dispelled his nervous depression, he gained in strength and weight, and to-day is a happy, contented, married man.

CASE 2. H. W. W., a single gentleman, suffered for two years past, from spasmodic urethral stricture, evidently associated with chronic cystitis, resultant from repeated attacks of gonorrhœa. Examination showed a permanent stricture, three inches from the meatus. This was readily dilated, and has since caused him no inconvenience. The cystitis also succumbed to treatment, but the spasmodic condition was a frequently recurring trouble, and failing to relieve it by general treatment, I commenced the employment of electricity, by introducing a urethral electrode, and applying through it a mild galvanic current to the entire length of the canal for twenty minutes daily. Without any assistance from constitutional remedies, the spasm gave way completely in three weeks, and for seven months past no return has been experienced.

CASE 3.—P. C., a married gentleman, thirty-

seven years of age, had suffered from atrocious pain, referable at times to the left testicle, less frequently to the right side, and again to an indeterminate point in the anal region, which I believed, from an obvious enlargement of the gland, to be seated in the prostate. From aversion to what he considered a painful method, he at first refused electrical treatment. I tried tonics, antiperiodics, blisters, rectal and urethral suppositories, ergot, cicuta, hot and cold baths locally, without avail. At last he submitted to galvanic application. A current, increased from ten to finally thirty cells, was passed from the lumbar spine to the perineum, by means of large sponge electrodes, the applications varying in duration from five minutes to thirty. Paroxysms of pain were instantly arrested by the current, and less than two months elapsed before his relief was assured. The sittings were daily.

Third. *Electricity in Obstetrics.* In no department is greater trouble to the physician experienced than in attendance upon protracted cases of confinement. Many a valuable hour is lost in daytime, from a hesitancy in leaving the woman, lest our presence should be needed, and yet time slips on and the end appears no nearer. Many a night, when repose is urgently needed, passes, and daylight comes with the siege still in progress. Forceps, valuable as they are, cannot be used unless the proper conditions present; nor does ergot afford the desired assistance in numerous instances. Inertia of the uterus is a troublesome thing, both before and after delivery. Can electricity afford us relief? In many cases we believe it can. In illustration, the following cases are cited.

CASE 1.—M. T. G., multipara, was taken in labor with her eighth child at 7½ A.M. Previous labors were said to have been rapid, but by 9 A.M., although the os was dilated to the size of a silver quarter, all progress ceased. Evening found her with little pain, and no further dilatation. She was fretful and the os undilatable. Full doses of opium had done nothing for her relief through the day, and unwilling to spend the night by her, and having a long distance to walk if summoned, I commenced the application of a mild faradic current, passing it through the uterus from the abdomen to the sacrum, and *vice versa*. After continuing the current for one minute it was stopped. Modification of the strength was secured by more or less pressure of the sponges, and uterine

contraction was evident from the first. Gradually the intensity was raised, the contractions following as naturally as in an ordinary case. In half an hour fifteen applications had increased the dilatation to nearly treble the size, as originally stated. Permanent increase of the pains was noted, but the current was continued. In half an hour more full uterine action was established, and in less than thirty minutes thereafter she was delivered. Her subsequent progress was normal. After delivery she confessed that her last three labors had been extremely slow, and she was greatly pleased with the new plan of assisting her, as she expressed it.

CASE 2.—Mrs. L. E., in labor for the third time. Anterior labors slow, with instrumental deliveries. Inertia present, as in Case 1. Closely following the first case, the same method was adopted. She progressed rapidly and favorably, but forceps were used at the inferior strait, which was not ordinarily capacious. Instrumental aid was inapplicable, from want of dilatation, until after contractions were secured by the battery.

CASE 3.—K. R., multipara, was delivered, after a rapid labor, of twins. The placenta followed without assistance by Crede's method (which I habitually resort to), as, at the time, I was engaged with one of the infants, which needed attention. Hemorrhage set in, was uncontrollable by ergot, ice, or other methods, excepting continuous firm pressure to the uterus. I sent for my battery, and a strong faradic current from the fundus to the vagina induced rigid and permanent contraction in five minutes. This case is one of several where success has followed the same plan in post-partum hemorrhage.

The cases above narrated are such as happen to the general practitioner every day. The results of electrical treatment were, I believe, incontrovertible. No claim of miraculous or mysterious power is made for electricity, but its value is so easily learned, and its employment so generally desirable, as to lead to a hope that more attention should be paid to its habitual use in practice. Large numbers of cases are handed over to quacks, who, though blindly claiming electricity as a cure-all, yet frequently get hold of patients who recover in their hands, and such cases are the foundation for public reference, used not only to glorify the skill of the charlatan, but to reflect upon the

ability of the educated physician, and through him to lower the usefulness of the profession, alike to such persons, and all whom they naturally influence thereafter.

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HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF LOUIS A. DUHRING, M.D.,
Professor of Diseases of the Skin.

REPORTED BY DR. ARTHUR VAN HARLINGEN.

Tinea Tonsurans of Unusual Form, with Tinea Circinata.

The patients were two children of the same family, presenting an unusual form of ringworm, and one which had not before been observed in this clinic.

The first, a boy about seven years of age, thin and poorly nourished, displayed about a dozen patches of disease through the scalp, the majority being from split-pea to small coin size; one, however, was much larger. These patches were roundish in form, but were not sharply circumscribed; they resembled patches of seborrhœa, and were reddish and quite scaly. The condition of the hairs was peculiar; in some of the patches they seemed to grow out to their full length, and appeared to be quite unaffected, while in others they were more or less diseased, short, brittle and broken, or entirely wanting. The larger patch, which was the size of a silver dollar, and upon the vertex, was circular in form, but was not sharply circumscribed. It was somewhat puffed out; bluish-gray in color; the follicles enlarged and distended, causing a "goose-flesh" appearance, and covered with fine, loose, powdery, grayish scales. It was bald, but not completely so; the few hairs in the centre of the patch and on its circumference were of full length, and were firmly lodged in the follicles. The hair of the scalp generally was dry, but was thick, and did not look unhealthy. Several patches of tinea circinata, presenting the usual appearance of ringworm of the general surface, existed over the face and neck.

The appearance presented by the second patient, a little girl of six, was, in general, the same as that of the boy, but with some different features. The hair of her head was remarkably scanty, thin, light and very dry. Scattered throughout the scalp, upon the vertex and the parietal regions, existed some half dozen patches of disease, from a quarter to half a dollar in size. These were circular in form, markedly circumscribed, slightly inflamed, scaly, and more or less bald, but nevertheless with long hairs growing out of them everywhere. They were superficial and possessed all of the characters of ringworm of the general surface. The short,

stumpy hairs characteristic of tinea tonsurans were nowhere to be found. These long hairs were quite loose, and from some of the patches could be extracted in numbers without difficulty. Marked lesions of tinea circinata could be observed about the left orbit and auricle of the left ear.

The duration of the disease in both cases was about three months, and the progress made had been slow, but continuous, from the beginning.

Dr. Duhring remarked that the cases were of interest, from the fact that although in both instances the parasite had invaded the scalp extensively, it had not produced the usual form of disease, namely, typical tinea tonsurans. The epidermis of the scalp was the structure chiefly invaded, causing tinea circinata and not tinea tonsurans. In both cases there were marked patches of tinea circinata throughout the scalp, differing in no respect from the disease as seen in non-hairy parts, as, for example, on the neck of the boy. In certain patches only were the hairs attacked so severely as to cause them to be shed. This was observed in the large, partially bald patch, on the boy, where the disease approached typical tinea tonsurans. But even here there were long, firmly-seated hairs in the centre and around the circumference of the patch. Nowhere were there any of the short, stumpy, broken-off, hairs characteristic of tinea tonsurans. While in certain of the patches the hairs were loose, and when extracted could be seen to be diseased, other patches showed the hairs to be securely lodged, and free from the ravages of the fungus. Thus it was seen that the trichophyton attacking the scalp did not always produce tinea tonsurans (that is, a disease involving the follicles and hairs), but might manifest the features of tinea circinata, as encountered on the general surface, invading the epidermis to the comparative freedom of the hairs. The same course of the disease was at times noted on the region of the beard, where the parasite, instead of invading the follicles, as it usually does, runs over the epidermis, producing tinea circinata, rather than tinea sycosis. (Specimens of the diseased epidermis and hair were then shown under the microscope.)

Dr. Duhring here referred to another form of tinea tonsurans occasionally encountered, where the fungus caused marked inflammatory symptoms—puffiness, swelling, oedema, and the discharge from the invaded follicles of a thick, syrupy, yellowish, viscid fluid, giving the patch somewhat the appearance of a subcutaneous abscess, discharging itself through numerous foramina—the diseased and patulous hair follicles. This variety of tinea tonsurans was known as tinea kerion. The process was almost identical with that of tinea sycosis. It was quite rare in Philadelphia, and was usually met with among the ill fed and neglected. A case was referred to by Dr. Duhring, however, which he had lately seen, occurring in the upper walks of life, in a boy of eight. The disease had ex-

isted for several months, its parasitic nature not having been suspected by the family physician.

In regard to the cause of the disease under consideration, in both *tinea tonsurans* and *tinea circinata*, Dr. Duhring remarked that it needed only to be said that the parasite was a well-known vegetable growth, termed *trichophyton*, which had been described at length in a previous lecture. One point, however, should be touched upon, namely, the contagion of the disease. Both *tinea tonsurans* and *tinea circinata* were equally and eminently contagious. It was a well-known fact that while *tinea circinata* attacked both children and adults, of all ages, *tinea tonsurans* manifested itself in children only. Dr. Duhring added that he did not remember ever to have encountered the disease in children over twelve or thirteen years of age. *Tinea tonsurans* was quite a rare affection at this clinic, cases only occasionally presenting themselves, but it was common enough in the community, and especially so in asylums and institutions, where numbers of the children are often attacked.

Concerning the liability of an individual to contract either *tinea tonsurans* or *tinea circinata* when brought into contact with the fungus, opinions, Dr. Duhring said, differed. While some dermatologists held that the parasite was equally contagious upon all subjects upon whom it may chance to fall, others (among whom Dr. Duhring said he himself was included) were most decidedly of the opinion that the fungus did not take root in all skins with equal readiness; that some skins were more liable to contract the disease than others; that a peculiar, unknown condition of the skin was essential for the growth of the parasite. This view, he added, was based upon clinical experience, and was supported by the fact that all the children of a family seldom suffered from the disease, although subject alike to contagion. Dr. Duhring himself had recently observed a case where extensive *tinea circinata* had existed in a child for a period of fifteen months, and yet none of the other children of the same family, who frequently came in contact with the patient, contracted the disease. Numerous similar instances could be cited.

The treatment to be recommended in these cases was the free use of sulphurous acid in the form of a lotion, with depilation. In addition, the patients should have good food, and should be placed under the most favorable hygienic circumstances.

Purpura, of Unusual Form.

Michael T., 52 years of age, a factory operative, came to the dispensary April 8th, 1878. He had always enjoyed good general health, and had never suffered from any disease of the skin until the affection for which he sought relief made its appearance, eight months previously. It had begun in the neighborhood of the ankle joints and over the insteps. The eruption was unattended with subjective symptoms, the patient, in fact, only discovered it by

accident one day, as he took off his stockings. At that time the lesions presented the appearance of pin-head sized, bright red spots under the skin. They gradually increased in number, appearing constantly in new places, and spreading slowly up the legs, through all the autumn and winter. They gave so little annoyance during that time that the patient paid no attention to them, took no medical advice, and did his work as usual. This, though not laborious, kept him on his legs all day. Up to the beginning of March the eruption had only extended so far as the knees, but about that time it began to spread more rapidly; new spots appeared over the legs and upon the thighs, in the form of rings.

On examination the patient appeared rather spare, but not unhealthy looking. The disease was confined to the lower extremities. It extended over the backs of both feet, around the ankles and over the calves, sparing, for the most part, the fronts of the knees and anterior aspects of the thighs, but spreading up on the inner side of the latter to the groin, and posteriorly almost to the gluteal region.

The lesions were macular. About the feet and ankles they were mostly pin-head and split-pea sized, and were closely aggregated; over the calf they were larger. A few of the more recent lesions were bright red; the older ones were of a dusky orange color. About the knee and over the thigh the disease presented a curious and very striking aspect. The macules here were circinate, and for the most part distinctly annular in form. Owing to the proximity of the lesions, they were here and there merged into one another, constituting irregularly-shaped and sized, ill-defined patches, and in this event looked as if a colored fluid had been splashed over the skin from a brush, drying with a more or less sharply circumscribed, somewhat thicker film about the periphery. Where the lesions, however, were discrete, distinct, well-formed, irregularly rounded rings, varying in size from a split pea to a quarter-dollar, existed. The borders were from one to two lines in width, and were all about the same size. The interiors of the rings showed either a more or less mottled, reddish skin or sound tissue. In many places the rings were quite perfectly formed. The general appearance was that a large number of dime-sized rings had been crowded together, many of them running together and producing an irregular, somewhat serpentine pattern. The color, as a whole, was a dusky, reddish-orange, with here and there purplish tints.

The patient complained of slight itching, and an occasional pricking sensation, as of cold, darting through the limbs. There was decidedly abnormal sweating of the soles, and, in a less degree, of the palms.

The case, Dr. Duhring remarked, presented a peculiar form of disease. The history was singular and of importance, and there were several points in this to which attention should be directed. The first was the fact that the erup-

tion came out in pin-head spots about the feet, and that it spread slowly. Another point was that it was, in the beginning, bright red in color, and that later it became a dusky, dark orange red, and still later purplish. The history of the case was at variance with the usual course of purpura, which ordinarily came quite rapidly, and having attained its maximum eruption gradually subsided, and sooner or later disappeared. In some cases relapses occurred from time to time, thus keeping up the disease for an indefinite period, especially in elderly people. Such had evidently been the course in the present case. Eight months, however, was a long period for the disease to remain. The duration of the affection might mislead as to its nature, but the characteristics of hemorrhage being present, there could be no doubt. The singular feature of the disease, Dr. Duhring said, was the annular form which the lesions assumed, a form that was seldom encountered, and which gave the skin a very peculiar appearance. Exactly how long this had existed it was impossible to learn, but probably for some time, as the patient seemed to think they had been so on the thighs for at least a month.

With regard to the treatment of purpura, in mild cases, often none was called for. The patient should keep as quiet as possible, for the blood vessels were on the point of rupture, and every movement tended to bring this about. In the present case, Dr. Duhring said, it was possible that impoverished diet and hard work might have been factors in the production of the disease. The patient was directed to use the most nourishing food obtainable, to stand as little as possible upon his feet; to spend most of his time in a recumbent position, and to take inwardly tincture ferri chlor., gtt. xv thrice daily. Ergot was referred to as a remedy, and was stated to be perhaps the most valuable remedy, in purpura. When hemorrhage was imminent, in severe cases, as in purpura hemorrhagica, hypodermic injections of the fluid extract of ergot might be employed, together with external applications of vinegar, or infusion of white oak bark, in the form of frequent sponging.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a Conversational Meeting, held at the Hall of the College of Physicians, Philadelphia, April 25th, 1878, Dr. Henry H. Smith, President of the Society in the chair, Dr. Louis A. Duhring presented a case of

Tinea Tricophytina Unguium

in a young lady. The disease originally appeared in the nails of the thumb and two fingers of the hand, six years before presentation. Patches of ringworm (*tinea tricophytina*) after-

ward appeared on her body and limbs. The disorder at one time, in this period, entirely disappeared, but afterward returned in the finger nails, as before, and has lately also appeared in the nail of the great toe of the right foot, but there was now no involvement of the epidermis. Dr. Duhring remarked that the different authorities looked upon this as a rare form of the affection, but he believed that it was more common than was generally supposed, and that it is generally overlooked. It causes a yellowness of the nail, and makes its substance, toward the free border, brittle and crumbling. It does not, as a rule, affect all the finger nails, even on the same hand, and the toe nails are very rarely involved. The affection rarely comes to the notice of physicians, except as accompanying *tinea tricophytina* elsewhere, for which the subjects seek treatment.*

The President thought that the case might be better understood if the lecturer would give his definition of *Tinea*. He believed that what was called "*Tinea*" some years ago was very different from what is understood by the term at present, and even now the question does not appear to be definitely settled. Formerly, *Tinea* was restricted to disease of the hairy bulbs of the scalp, etc., and *Herpes Circinatus* to Ringworm of the body. He also inquired whether the matrix of the nail is usually affected in the form under discussion, and how the disease was supposed to penetrate the nail.

He suggested that the manner in which the parasite invades the nail and appears in the deeper structures, may find its explanation in the fact that the parasite is buried in the dirt under the free edge of the nail, and as the under layer of the nail is soft, like the corium of the skin, the parasite can readily thus embed itself. Keeping in mind the manner in which the skin is reflected from the free under border of the nail, we see that the smallest fissure or crack in this situation would permit the parasite to lodge and penetrate the deeper parts of the nail, or work toward its surface.

Dr. Duhring could not definitely answer the last question, as to the course which the parasite pursued in attacking the nail. In the case shown, as it began six years before, the patient was uncertain in regard to the point of origin, but thought that it began at the free border. If we take the instance of *tinea favosa*, we find that it is already, early in the disease, found in the deeper structures of the skin, and, in the same manner, the present affection seems to appear first in the lower layers of the nail. The parasite is not confined to the surface of the nail, but works its way directly to the deeper and softer parts, where it attains its development.

Tinea tonsurans and *tinea circinata* are one and the same disease, etiologically speaking, both being due to the same cause—the *trichophyton*. *Tinea* means disease of the skin, of vegetable parasitic origin. We have as vegetable parasitic diseases *tinea tonsurans*, *tinea*

* For report of case, see p. 89.



circinata, tinea sycosis, all caused by the same fungus. A second fungus, the achorion Schoenleinii, is the cause of tinea favosa. We also have tinea versicolor, confined, in its distribution, to the trunk. These are the vegetable parasitic diseases of the skin, which are now well known; and, indeed, they are so well known that it is a pleasure to study them. It is to be regretted that our knowledge of other classes of skin diseases is not as complete and satisfactory.

Some years ago, in France, the term herpes circinatus was employed to designate two diseases—the affections we now know as tinea circinata and herpes iris—which circumstance has since led to much confusion.

Dr. George B. Dunnire remarked that ringworm is common among mice, and may be communicated by them to the domestic cat, and from the cat to children.

Dr. J. V. Shoemaker reported a case, in a woman, 45 years of age, who had contracted this disease while bathing her four children, who had tinea circinata of the body, and were then under his treatment. The nails were opaque, and covered with yellow specks, the thumb, index, and middle fingers of the right hand being alone affected. Examining the nail under the microscope, he had found the tinea trichophytina present, just as had been seen in the specimen taken from the children. The mycelial threads were also observed in large numbers, showing the luxuriant condition of the fungus in the disease. The nail affection was very obstinate, and he followed a similar treatment to that recommended by Dr. Duhring, with good result. Glacial acetic acid had been lightly brushed over the diseased nails, instead of the bichloride of mercury lotion.

In an institution for children he had recently seen forty-nine cases of ringworm, in none of which was the nails affected.

In some of the cases of ringworm alluded to he had been investigating the causes of the disease. In one experiment he scraped off some of the diseased scales from a patch of tinea circinata on one of the children, and applied them to the skin of a living cat. He found that the cat soon began to lose its hair, and the characteristic spots, covered with scales, became apparent. Taking some of these scales, he was enabled again to inoculate one of the children, thus confirming the observation of Tilbury Fox, that tinea may be communicated to the human subject from the cat, and other animals.

Dr. Duhring. Favus is much more common in the lower animals, such as the cat, than is tinea circinata. Tilbury Fox some time since called the attention of the Clinical Society of London to the possibility of contracting tinea circinata from the horse, giving cases of this occurrence. He had a somewhat similar case in his own practice. A gentleman came to him a few years ago with some small favus crusts on the back of his hand, that he had caught from a kitten which he carried into the house one night, but discovered the next morn-

ing that it was covered with crusts. The eruption did not appear on his hands until two weeks after the inoculation, and then in the form of vesicles resembling the early vesicle of herpes iris. Three weeks or longer elapsed before favi appeared. It was peculiar that it should lay dormant for so long a time.

Twins with Single Placenta.

Dr. W. Penn Buck presented a specimen of an ovum from a miscarriage, about the fifth month, of twins with but a single placenta, apparently due to fatty degeneration of the placenta. The case was primiparous, in a young German woman who is suffering from consumption.

Tracheotomy in Croup.

Dr. Cohen said, that as members had been requested to report their unfavorable cases of tracheotomy to the Society, he would mention the following. The operation was performed on a child of four years, for diphtheritic croup involving the bronchi. The patient died, of exhaustion, on the eighth day, the tube having been permanently removed on the fifth day, and the signs of prostration became manifest only twelve hours before death.

He would also beg to call the attention of the Society to a peculiar case of malformation of soft palate, making a separate investment for the palato-glossi muscles.

Dr. J. Solis Cohen reported—

A Case of Separate Investment of the Palato-Glossi Muscles.

Mr. H., about 40 years of age, consulted me recently on account of a peculiarity in his voice, the evident result of overstrain. As he opened his mouth preparatory to a laryngoscopic inspection, I noticed the anomaly depicted in the drawing exhibited, for the opportunity of presenting which I am under obligations to the artistic skill of my friend, Dr. John H. Packard.

The anterior arches of the palate are incomplete upon each side, in consequence of an elongated oval aperture just above their lingual attachments, and which is large enough to disclose the anterior surface of the posterior arches behind. The inner and slender boundary of each abnormal opening is the main free portion of the palato-glossus muscle on each side respectively, the investment of the muscle being separate, instead of forming part of a continuous palatine fold, as in the normal subject. The entire palate, the tonsils, and the pharynx are free from disease; and the peculiarity of phonation under which the patient labored was in no wise dependent upon the anomalous conformation of his palate.

Were it not for the position of these openings, they might have been readily mistaken for ulcerative perforations, the result of specific processes.

The only other recorded case of the kind of which I am aware, is one reported by Dr. Wolters, of Göttingen (Henle and Pfeuffer's

Zeitschrift für Rationelle Medicin, 1859; 3d. series, 7th vol., p. 156, illustrated on plate iv) for a knowledge of which I am indebted to Prof. Harrison Allen, whose attention I had drawn to the present case.

COLLEGE OF PHYSICIANS AND SURGEONS, PHILADELPHIA.

At the regular meeting, June 5th, 1878, an article on

Accidental Entrance of a Centipede into the Nostril was read by John H. Packard, M.D., Surgeon to the Episcopal Hospital, etc., as follows:—

On the 8th of May, 1878, I was called to see M. B., a child, six years old. Her mother told me that the child had, a short time previously, in blowing her nose, expelled a "worm," which she showed me in the pocket handkerchief, coiled up, just as it had escaped from the nostril.

On inquiry I found that for several days previously the children had been allowed, when driving out in the park, to get out and play in the freshly-cut grass, which they often amused themselves by throwing at one another. This child had been noticed, since the 4th or 5th, to blow her nose very frequently, and to rub it; but had shown no other signs of having taken cold.

The mother was naturally much alarmed, thinking the worm was some strange parasite which had been developed in the child's nose. I felt free to assure her that this could not be the case, but that the animal had been in some way accidentally introduced up the nostril, and had found shelter there until its expulsion had, equally accidentally, occurred.

Upon submitting it to Professor Leidy, I was very glad to find my opinion confirmed. The creature proved to be one of the myriapoda, described by Dr. H. C. Wood in his work on the subject (*Smithsonian Contributions for 1870*), and called by him *Geophilus cephalicus*. It had probably been in a bunch of grass thrown into the child's face, and had sought refuge, as the most convenient place, in her nostril. It measured two and one-sixteenth inches in length, and lived for several hours after its expulsion. During this time it was at the bottom of a small bottle full of water. Its death took place only when alcohol was added to the water, for the purpose of preserving it.

A case of

Gunshot Wound of the Abdomen, Perforating the Ascending Colon,

was detailed by J. Ewing Mears, M.D., Surgeon to St. Mary's Hospital, etc.

While on duty as Surgeon of the First Division, National Guard, of Pennsylvania, during the labor riots of last summer, the following case came under my observation:—

H. S. Shaw, aged twenty-one, a corporal in one of the companies of the Sixth Regiment, First Division, National Guards of Pennsylvania, was wounded on the morning of July

22d, 1877, during the riots which occurred in Pittsburgh. The missile, a large, conical rifle ball, weighing, with charge and metallic case, one ounce and a half, entered the abdominal cavity through the ilium, striking the bone at a point four and a half inches from the vertebral column, and two and a half inches from the anterior, superior spinous process, just below the crest. The ball passed in a line almost directly forward, and emerged at a point four inches from the anterior superior spinous process of the ilium, and three and a half inches from the umbilicus, and three-quarters of an inch below it.

When the wound was received the patient was marching in line, and he states that he felt only a slight sting. He was not aware of the serious nature of the wound until he saw the blood which flowed, when he left the ranks and walked into a church near at hand. He remained there until the afternoon, when he was transferred to St. Francis Hospital, and was placed in the surgical wards, under the charge of the attending surgeon, Dr. Stephenson. On the return of the troops to Pittsburgh, I visited him at the hospital, and found that he had been extremely ill; general peritonitis had supervened, preceded by symptoms of great shock; flatus and feces escaped by the wound of entrance, and continued to do so for a period of six weeks after the receipt of the wound.

Under the skillful care of Dr. Stephenson, Corporal Shaw so far recovered as to be able to be removed to Philadelphia, August 13. With the exception of a slight return of unfavorable symptoms, caused by over-indulgence in improper food, he rapidly progressed toward recovery, and by September 3d the wounds were closed.

Desiring to obtain a pension, the patient applied to me for a certificate of disability, and I had the opportunity of examining the results of so formidable a wound. The wound of entrance was represented by a large, puckered, somewhat elongated cicatrix, measuring one and a quarter inches in length, and occupying the line of the crest of the ilium; the opening in the bone could be distinctly felt, and had been increased in size by the removal of a piece of necrosed bone, by Dr. Stephenson, during the process of healing. The wound of exit was much smaller, and slightly depressed. About the cicatrix there was an area of dullness, extending two and a half inches in all directions. Below the line of the wound of exit, in the course of the colon, there was dullness on percussion. With the exception of a slight "binding" about the wound, felt in locomotion, the patient was free from pain; the function of the bowels was, in every respect, normal; the general health appeared to be unimpaired. It seemed evident, from the examination, that the ascending colon had been perforated about the junction of the cæcum, and that the direction the ball had taken was such as to implicate alone this portion of the intestine.

The nature of the wound and the very favorable termination which ensued would seem to



render a record of this case interesting, especially when considered in connection with the very unfavorable condition in which the patient was placed when the injury was inflicted. He, with the troops composing the command, had been on duty for a period of over thirty-six hours, performing duty of a more trying charac-

ter than is exacted in regular warfare—fighting mob and fire—deprived of food and exhausted by a march under the rays of a scorching July sun. When wounded, he had been subjected to violent treatment at the hands of the mob, who had desisted only when assured that the wound received was a fatal one.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Diagnosis and Treatment of Idiocy in Early Life.

Dr. Beach, of the Clapton Idiot Asylum, in a clinical lecture reported in the *British Medical Journal*, remarked that the infant idiot is unable in many cases to support the head, which hangs back in the mother's arms; there is inability of the spine to support the body; there are muscular flaccidity, and difficulty in swallowing the milk drawn from the breast; inability to notice objects, and to follow them with the eyes if they move; no notice is taken of sounds, and the child is voiceless. Later on, we compare the child's mental and physical condition with that of other children of the same age. We notice whether the fontanelles are closed; whether the head is too large, too small, or deformed; whether the palate is highly arched (a V-shaped palate, as before mentioned, being a characteristic of congenital idiocy); whether there is ability or not to grasp objects with the hands, idiots of low type being unable to do so. In these cases there will be found, too, a flow of saliva from the mouth; the fingers are flaccid and moistened with saliva; there is inability to co-ordinate the muscles; feebleness of circulation is evidenced by cold extremities; often there are epilepsy and paralysis. In cases of higher type, although some of these points will be absent, yet the simplest rudiments of knowledge will be unattainable in the ordinary way. These children are banded about from school to school, ultimately, if fortunate enough, finding a home in an idiot asylum.

Treatment.—A combination of medical, physical, moral, and intellectual treatment must be employed, the basis of all being medical. Herbert Spencer, in his work on *Education*, dilates on the last three; but the *medical*, in the cases of idiots and imbeciles, is the most important of all. The body must be kept in as perfect a state of health as possible; the diet should be liberal; the apartments in which the patient lives well ventilated, and the residence in a healthy situation. As much out-door exercise as possible should be obtained, and

any ailment from which the patient may suffer should receive immediate attention. The *physical* treatment should commence with the simplest movements possible; and, to overcome the want of co-ordinating power, more complicated movements being afterwards gone through with the aid of music. His *moral* education must not be neglected. He has to learn that to do right will meet with a reward, to do wrong with punishment, which again is to be effected by moral means. The basis of the *intellectual* treatment must be objective. The concrete, not the abstract, must be taught. The patient must learn to recognize the form and qualities of objects by touch; color, size, and shape by sight; the varieties of sound which impinge upon the ear, and his taste, and smell, must be educated. He must be taught to dress and undress himself; to use his spoon, knife, and fork; and his speech must be improved by a course of tongue gymnastics, his well known faculty of imitation being utilized to the fullest extent. He should be taught the value of money, and to buy and sell. He should learn carpentering, gardening, or farming operations, tailoring or shoemaking, according to his class in life, care being taken that plenty of amusement is provided.

Gonorrhœal Testis.

The *Medical Times and Gazette* states that M. Horand reported to the Lyons National Society of Medicine on 200 cases of hernia humoralis in which he had employed Langlebert's mode of dressing, which he considers as superior to all others that have been hitherto recommended. The dressing or apparatus consists first in the application of a layer of carded cotton, and then over this some caoutchouc cloth, the parts being supported in a suitable suspensory. Not only is immediate relief of pain procured, but the cure of the disease is very complete. The same apparatus may be used after puncture for hydrocele, allowing of the patients being at once sent to their homes. M. Diday stated also that he had applied this bandage in a great number of cases with success; and, had he known of it before the publication of his last work, he would have spoken much less in favor of antiphlogistic treatment

in gonorrhœal epididymitis. He thinks it advantageous before applying the apparatus to paint the scrotum with tincture of iodine that has been recently prepared. Professor Rollet observed that it was of great importance to ascertain whether, after treatment, any induration of epididymis remained, as, when this was the case on both sides, sterility was the result. In order to prevent this he has great faith in leeches, blistering, and purgatives until complete resolution has been obtained; and this apparatus does not dispense with the necessity of leeches. M. Horand maintained that the affection is as effectually cured by this apparatus as by leeching, and he does not agree with Professors Rollet and Gosselin, that sterility follows slight persisting induration. Professor Rollet, however, observed that he had often examined the semen under this circumstance, and always found the spermatozoa absent.

Electrolysis of Scrofulous Lymphatic Glands.

At a branch meeting of the British Medical Society, Mr. Golding-Bird read a paper on the treatment of scrofulous lymphatic glands by the electrolytic caustic. He referred to the general disease of caustics. He divided cases of scrofulous glands into three classes; 1. The glands free, though enlarged; 2. The glands matted together or to the skin, or presenting hardened nodules, or encapsuled (lymphoma); 3. The condition of active inflammation. The first class was met by general treatment. In the second, it was better to use the knife. In the third, the best operation was by caustic; and the least painful of any mode of applying it was the one now described. A small arrow of sheet zinc, one inch and a half long by half an inch wide, sharp at one end, had a copper wire ten inches long attached to the other. The other end of the wire was soldered to a plate of thin sheet silver or copper, three or four inches square. The latter was firmly strapped upon a piece of lint, wet with salt and water, on to the skin, somewhere near the spot to be destroyed. Over it was placed some oiled silk or waterproof strapping. The zinc point was then thrust through the fungating mass to be destroyed; a small shield of gutta percha or cork regulated the length of the zinc point. Some cotton-wool and a bandage were placed over all. The gland was gradually disintegrated by the formation of chloride of zinc at the expense of the metal inserted, and came away in four to six days. When all the gland had come away, the wound rapidly closed, with very little scar. The lint must be wetted with salt and water night and morning. Mr. Spencer Wells was employing this treatment for the removal of uterine cancer. He referred to two cases, in which, though the results were very satisfactory, much pain was complained of. In the latter, the total weight of slough was four hundred and thirty-three grains. He narrated the history of one case in which he applied the

zinc in the form of a flat disc to necrosed bone, with good result.

The Impurities and Tests of Chloroform.

Mr. A. H. Mason says, in a recent number of the *Chemist and Druggist*—

The impurities or foreign ingredients which have been detected hitherto are alcohol in excess, aldehyde, ether, hydrochloric acid, hypochlorous acid, and empyreumatic or chlorinated oils. The presence of the two former is easily detected by physical and chemical means. The acids would be present owing to decomposition, or with the chlorinated oils, owing to imperfect purification.

To detect the presence of alcohol, if present, the addition of a little chromic acid will cause the chloroform to turn green. Dr. Davy states that if a little of the suspected substance is heated with a solution of molybdic acid in sulphuric acid, it turns blue, if alcohol be present, and as he found all samples of English manufacture were affected by that test, he assumed that all English chloroform is adulterated. According to Roussin, pure chloroform, shaken up with dinitrosulphide of iron, $\text{Fe}_2\text{H}_2\text{S}_2\text{N}_2\text{O}_8$, remains colorless, but if it contains alcohol, ether, or wood spirit, it acquires a dark color. A few years ago I applied this test, but without success, although contaminated specimens were experimented upon, and to ensure the purity of the salt I got some manufactured by an eminent firm of manufacturing chemists. The presence of acids or of chlorinated oils will be evident from the disagreeable odor. In the administration of chloroform the presence of these chlorinated compounds to any appreciable extent produces a marked effect upon the system. They occasion a peculiar throbbing headache, and a rapid prostration of the vital powers. These symptoms may be observed when the chloroform is inhaled only for a short time; and there can be no doubt that they are very often the causes of the discomfort so often resulting from the free use of impure samples of this anæsthetic.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Stricker's *Medicinische Jahrbücher*, in its first number for 1878, contains papers on the Contractility of the Capillaries, by Dr. S. Stricker; on the Spinal Nerve Centres, by the same; and articles by Drs. H. Chiari and Schlesinger. To be had of B. Westermann & Co., New York City.

—"Along the Danube," by Edward King, is the opening paper of *Lippincott's Magazine*, for August, and both text and illustrations are spirited and lively. Edward H. Knight, one

of our commissioners to the Paris Exposition, and a member of the jury on machinery, gives an illustrated paper on the buildings and grounds, with suggestive comparisons between Paris and Philadelphia. There is a striking story in the number, entitled "A Saxon God," and the new serial, "Through Winding Ways," shows a careful study of life, with a geniality of tone that is especially charming. There are other good things in the number, which is almost wholly of a light character, suitable for the month.

—"Brain, a Journal of Neurology," is the title of a new quarterly published by Macmillan & Co., New York and London, and edited by Drs. J. C. Bucknill, J. Crichton Browne, D. Ferrier and J. Hughlings Jackson. The first number has contributions from Jonathan Hutchinson, George H. Lewes, T. Clifford Allbutt, Bevan Lewis, and other well known writers. Several clinical cases of cerebral disease are reported, and a carefully collated series of abstracts on the current literature of the branch are given. Annual subscription, \$4 00; price per part, \$1.25.

BOOK NOTICES.

Fownes' Manual of Chemistry, Theoretical and Practical. Revised and corrected by Henry Watts, B.A., F.R.S. New American, from the twelfth English edition. Edited by Robert Bridges, M.D. With 177 illustrations. Philadelphia, H. C. Lea, 1878. 1 vol., cloth, 8vo, pp. 1028.

There are few of the sciences which are making equally rapid strides with chemistry, and he who would keep himself abreast with its revelations must unlearn much and learn much. Within ten or a dozen years the systems of notation and the terminology have been so altered that he who picks up a modern treatise and expects to understand it with the lights of that long ago will find himself sorely disappointed.

Fownes' *Manual* has, for fully a generation, been a standard text-book; and though the present edition bears little resemblance to that of 1845, the changes have been those imperatively demanded by the growth of the science. The conscientious care which has been bestowed upon it by the American and

English editors render it still, perhaps, the best book for the student and the practitioner who would keep alive the acquisitions of his student days. It has, indeed, reached a somewhat formidable magnitude, with its more than a thousand pages, but, with less than this, no fair representation of chemistry as it now is can be given. The type is small but very clear, and the sections are very lucidly arranged to facilitate study and reference.

Transactions of the American Gynecological Society, Vol. 2, for the year 1877. Boston, Houghton, Osgood & Co. Cloth, 8vo. pp. 697. Price \$6.50.

The high praise which the papers in the first volume of this Society's *Transactions* received, both from the American and European press, is shown to have been well deserved by the even increased excellence of the contents of the second volume. It not only stands second to none, but it is, in careful writing and original research, unequaled by the contributions of any other Society on that branch of medicine, either here or abroad.

To illustrate the wide range and valuable character of the work, we believe we cannot do better than give most of its table of contents. The annual address is on Medical Gynecology, by Dr. Fordyce Baker. Then follow papers on The Functions of the Anal Sphincters, so called, by Dr. James R. Chadwick. Excision of the Cervix Uteri; its Indications and Methods; by Dr. John Byrne. Report on the Corpus Luteum; with twelve chromo-lithographic plates; by Dr. John C. Dalton. The Pathology and Treatment of Puerperal Eclampsia, by Professor Otto Spiegelberg. Dilatation of the Cervix Uteri for the Arrest of Uterine Hemorrhage, by Dr. George H. Lyman. The Principles of Gynecological Surgery Applied to Obstetric Operations, by Dr. A. J. C. Skene. On the Necessity of Caution in the Employment of Chloroform During Labor, by Dr. William T. Lusk. The Present Status of the Intra-Uterine Stem in the Treatment of Flexions of the Uterus, by Dr. Ely Van de Warker. Supplement to the Report of a Case of Xenomenia made at the First Annual Meeting in 1876, by Dr. Theophilus Parvin. A Case of Vaginal Ovariectomy, by Dr. William Goodell. Is There a Proper Field for Battey's Operation? by Dr. Robert Battey. Subsulphate of Iron as an Antiseptic in the Surgery of the Pelvis, by Dr.

H. P. C. Wilson. Tetanus After Ovariectomy, by Dr. Theophilus Parvin. Sarcoma of the Ovaries, by Dr. Washington L. Atlee. The Value of Electrolysis in the Treatment of Ovarian Tumors, as Seen in the Light of Recent Experience, by Dr. Paul F. Mundé. Congenital Absence and Accidental Atresia of the Vagina; Mode of Operation to Establish the Canal, and to Evacuate Retained Menstrual Blood, by Dr. Thomas Addis Emmet. Case of Sarcoma of the Kidney in a Negro Child; with heliotype; by Dr. W. H. Geddings. The Hystero-Neuroses, by Dr. George J. Engelmann. Cases Illustrating Important Points Connected with Ovariectomy, by Dr. Gilman Kimball. The Radical Treatment of Dysmenorrhœa and Sterility by Rapid Dilatation of the Canal of the Neck of the Uterus, by Dr. Ellwood Wilson. Dr. Uredale West's Views of Rotation, as Illustrated by the Contrast between the Mechanism of Simple Occipito-Posterior Positions and those of the Bregmato-Cotyloid Variety, by Dr. John P. Reynolds. Vascular Tumors of the Female Urethra; with the Description of an Instrument Devised to Facilitate their Removal; by Dr. A. Reeves Jackson. Lying-in Hospitals; especially those in New York, by Dr. Henry J. Garrigues. The Simpler Varieties of Perineal Laceration; their Consequences and Treatment; by Dr. Thaddeus A. Reamy. The Cyclical Theory of Menstruation, by Dr. John Goodman.

An Index of Obstetric and Gynecological Literature of all Countries, from July 1st, 1876, to January 1st, 1877, closes the volume.

The Atlantic Islands as Resorts of Health and Pleasure. By S. G. W. Benjamin. Illustrated. New York, Harper & Bro., 1878. Cloth, pp. 264.

Now that travel, change of air, scene, and diet, is recognized as a most important factor in the treatment of a multitude of diseases, intelligently written guide books are in demand. This is one of them, and, moreover, it covers a field which, so far as we know, is not to be found in any other book. The author includes all the island groups in the Atlantic ocean except those which are subject to visitations of yellow fever, or persistent malarial or zymotic epidemics. Though not a physician, he has taken care to obtain the fullest and most correct sanitary information on the subject, and speaks, generally, from direct personal obser-

vation, all the islands having been recently visited by him.

His list includes the Bahamas, Azores, Channel islands, Magdalen Islands, Teneriffe, Newfoundland, the Bermudas, Belleisle-en-mer, Prince Edward Island, Isles of Shoals, Cape Breton Island, and the Isle of Wight.

Most of the text is in an agreeable narrative form, the descriptions woven in with incident and adventure. The appendix contains most of the solid information. The islands are there classified according to their respective advantages, and, so far as the present writer's experience goes, the classification is fair and unbiased. The illustrations are very charming, and there are few, if any, books on health resorts, that furnish more pleasant reading combined with trustworthy facts, than this one by Mr. Benjamin.

The Throat and its Diseases. With One Hundred typical illustrations in color and fifty wood engravings, designed and executed by the author. By Lennox Browne, F.R.C.S., Ed. London, Baillière, Tindall & Cox, 1878. pp. 351.

The author presents us a very handsome volume, elaborately illustrated, on excellent paper, and carefully printed. It gives us pleasure to add that the contents correspond to this attractive exterior. Mr. Browne has been a faithful student of diseases of the throat, and has had large opportunities to observe them. He consolidates in his chapters the results of this extended experience, with ability and conciseness.

The earlier chapters are on the use of the laryngoscope, the anatomy of the larynx, and the general semeiology and therapeutics of throat diseases. He next takes up in order the diseases of the pharynx, fauces, uvula, tonsils, larynx and naso-pharynx. Special chapters are devoted to nasal catarrh, diphtheria, laryngitis, neoplasms and neuroses of the larynx. An extended bibliography is added.

The plates and wood engravings merit particular praise. They are, both in design and execution, the work of the author, who shows himself a competent artist as well as a judicious writer. The plates illustrate the varieties in form of the normal larynx, and diseased conditions of the pharynx, uvula, tonsils, etc. The coloring is natural, and the descriptions add much to the value of the designs.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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PREMIUM LIST FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the REPORTER, we give a copy either of the *Physician's Pocket Record* (\$1.50), or of *Dobell on Coughs, Consumption and Diet* (\$2.00).

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ALCOHOLISM AND ITS MANAGEMENT.

A wide difference still prevails among specialists as to whether alcoholism is a perversion of the physical or the moral man. Alcoholism as here used does not, of course, mean the custom of occasional intoxication, nor yet the desire to use alcoholic beverages frequently in moderate quantities; it means the strong, the over-mastering desire to drink to excess when opportunity offers; the craving, not for the exhilaration of stimulants, but for the narcosis of drunkenness.

The question has been very ably discussed in the pages of this journal, especially in the articles from the pen of Dr. T. D. CROTHERS, who considers this condition most frequently, if not always, one of positive disease. So, also, does Dr. ALBERT DAY, the Superintendent of the Washingtonian Home, Boston. In his last Report he gives the personal statement of one of his patients, a well educated medical man, after reading which no one can doubt but in that and similar cases a cerebral defect was at work, impairing the will-power. Dr. Day justly adds that "it must be evident to any one having a knowledge of physiology, that to effect any permanent change in the line of conduct of any individual, or a class of individuals, a change must be brought about in the character of the emotions, which must necessarily be preceded by a change in the structure of the nervous system. The first follows the second, as truly as, in the order of cause and effect, light follows upon the appearance of the unclouded sun." Hence, the principles of treatment must not be moral or religious only, addressed to the intellect or the emotions, but to the physical man as well.

The two classes most addicted to alcoholic excess are the over-fed rich and the under-fed poor, the latter prompted by a physical want, the former by a nervous system deranged by excesses and indulgence. A sufficiency of plain and wholesome food is a requisite to cure in both these cases; and with this must go a total cessation of the stimulant. The princi-

ples of treatment are well set forth in a recent lecture by Dr. W. H. Thomson, of New York. He observes:—

"The first essential in the treatment is to get the patient to stop the use of alcohol at once and forever; and unless you can do this, there is no use in going on with the case. For the tremor, the oxide of zinc acts almost like a specific. It is also decidedly soporific in its effect, and has, moreover, the advantage of curing the gastritis which is usually present in these cases, and thus greatly improving the digestion. Finally, it is requisite that you should get the patient to eat; and at first milk is often the best form of diet. Food is the only thing that can stop the craving for alcohol; and so firm is my confidence in it as an antidote for this, that I do not hesitate to say that, if an individual will never take alcohol except when he is eating, I have not the slightest fear of his ever becoming a confirmed drinker. It is the drinking between meals, and especially early in the morning, that does all the mischief."

• This last remark is questionable; at least, it is as much as saying that, if he never drinks too much, an individual will never get drunk. But the doctrine that food is the best antidote to the longing for alcohol, is well put. Of the two, the stomach once accustomed to it will prefer the alcohol; hence the importance of a general supply of wholesome and well prepared food in a community. Let the temperance crusades include in the objects of their animosity frying-pans as well as fuddling pots, soda biscuits as well as sherry cobblers, and pies as well as potatoes, and the good cause will be greatly furthered.

NOTES AND COMMENTS.

Aural Furunculi.

Dr. R. T. Cooper writes to the *British Medical Journal*—

There is a sign connected with boils in the meatus auditorius externus which, though very distinctive and highly important in a medico-legal point of view, has never, to my knowledge, been sufficiently dwelt upon by any writer upon ear diseases, although every one conversant with these affections must have noticed it. I allude to the peculiar stain left upon the pillow case by the thickened and comparatively scanty discharge that in some

measure characterizes a furunculus from an abscess. I have noticed it especially in children. The appearance presented by a pillow, the morning after a boil in the meatus has burst, is sufficiently characteristic to enable one to divine the nature of the affection from which the patient has suffered, for the pillow case will be found studded over with stains so closely resembling linen-covered buttons, such as are worn on night-shirts, as to deceive, at a distance, the most clear-sighted. The thickened drop of discharge falls entire from the meatus upon the cover of the pillow, upon which the more liquid portion of the discharge spreads, leaving in the centre the more inspissated; this dries, and in drying gives, at a distance, an almost exact image of the shank of a button, the disposition of the surrounding stain rendering the appearance still more delusive. The subjects of the affection being rather restless in their sleep, roll their heads upon the pillow, so that by the morning it often happens that no two of the markings run together, but each one is separate, thereby rendering the resemblance to buttons additionally striking.

These umbilicated markings, especially if there be many of them, are a positive characteristic of the affection in question.

Remarks on Muscæ Volitantes.

Mr. W. Story gives his opinion, in the *British Medical Journal*, that these annoying specks come from a disordered liver. He remarks: Muscæ appear at all times and in all shapes, in children as well as in adults. They also appear at all distances, from the focal to three and two inches, immediately on the eye and within the orbit. Fixed muscæ are seen with the eyelids closed, because light is still transmitted; but if the eyes be darkened so effectually as to admit no light the spots are not seen. Some years ago I obtained a number of opaque lenses, extracted by Mr. Bader, of Guy's Hospital, as I conceived that bile, or some of its constituents, was the cause of the opacity, and not blood. I took these to Dr. Letheby, and explained to him my reasons. He said, "If it is bile we shall have a violet color." The test was applied, and the violet color was apparent to both of us. Upon this, I felt I was right in my opinion as to the cause of opacity in the lens. About the same time I saw in a patient the anterior chamber of both eyes filled with

cholesterine crystals, giving somewhat the appearance of the liquor called "gold-wasser." The play of light on the crystals was remarkably beautiful. Now, what was the chemistry that separates these crystals from the bile in the aqueous humor? If cholesterine crystals can be thus separated, why not some of the other innumerable constituents of the bile, by the same wonderful chemical means, of which the microscope can give us no information? He recommends abstinence from wine, beer, tobacco and spirits, pastry, pickles and cheese, and in his own case found such a diet led to the disappearance of the muscae.

Abscess of Lower Lip, Attributed to Poisoning by Paris Green.

Dr. R. Wilson, of Washington county, N. Y., writes us—

The ravages of the potato bugs in this section have caused the farmers to use an immense quantity of Paris Green, to destroy them. About a week since a young man, by the name of Albert Calkins, picked an apple from the ground, where it lay among potato vines upon which "Paris green" had been used, and ate it, or rather sucked the juice. Shortly his lower lip began to inflame, and after acute suffering an abscess formed, which, on being opened, discharged a large amount of pus. Abscess of the lip is not, I believe, of common occurrence.

Paris Green is said to be a compound of arsenic and copper. Of Scheele's Green, Dr. Taylor says that it produced, in a watchmaker, "swelling and ulceration of the lips."

Physiology of the Vagus Nerve.

On this interesting topic the following conclusions are set forth by Drs. Arloing and Tripier, given in the *London Medical Record*:—

1. Section of the spinal cord behind the bulb diminishes considerably the excitability of the pneumogastric nerve.

2. There is a notable difference between the two vagi, chiefly from the functional point of view; the right acts more energetically upon the heart than the left.

3. The reciprocity permits the mechanical phenomena of respiration. Excitation of the left nerve modifies more deeply the movements of the thorax than that of the right nerve.

4. The arrest of the heart is more complete when the galvanization is direct.

5. The movements of the heart which are produced during galvanization of the vagi are more feeble than before the excitation.

6. It is impossible to resume, in a general formula, the influence of galvanization of the pneumogastrics upon the respiration.

7. Galvanization at the peripheral ends makes itself felt on the respiratory movements, probably because the vagi send recurrent fibres reciprocally to the periphery.

8. Section of a vagus is followed by weakness of the movements of the chest-wall of the corresponding side.

9. Finally, it does not appear to us that one of the vagi is more particularly concerned in digestion than the other.

The Antiseptic and Therapeutic Properties of Boracic Acid.

The *Lancet* states that G. Polli has reported, at a recent meeting of the Academy of Sciences, of Lombardy, the results of numerous researches in which beer, meat, eggs, blood, and urine were treated with boracic acid and borax for thirty days, during the summer time, and were found still to retain their freshness, and to present no traces of fermentation having taken place in them. In control experiments, on the other hand, without the addition of the salt, but, in some instances, with the addition of sulphate of soda, the fluids passed into a state of complete decomposition in the course of fifteen days. The energetic disinfecting power possessed by boracic acid and borax, and the facility with which these substances can be absorbed into the economy, led Polli to recommend their employment in diseases in regard to the infectious nature of which no doubt exists, or in which septic conditions readily arise. He adduces several examples in which the febrile conditions of tuberculosis underwent diminution. No benefit was obtained by Professor Visconti from experiments made with these remedies in malaria, though other observers have arrived at a different conclusion. In chronic cystitis the muco-purulent discharge quickly diminished, and even altogether disappeared in the course of a few days, and rapid improvement occurred in cases of bad suppurating wounds when they were applied externally. The dose recommended by Polli, is 75 grains of boracic acid and 150 grains of borax per diem.

CORRESPONDENCE.

A Hard Knot in the Umbilical Cord.

ED. MED. AND SURG. REPORTER:—

I have an unusual case to report to you. I was sent for about midnight to see a mulatto girl of fifteen years of age, stout and healthy, pregnant for nearly seven months. The messenger stated that she had "the fits." I sent my son, Dr. J. C. Stern, to see the case, who not long after sent for me. I found her laboring in convulsions, with considerable contortions of the muscles of the face and body. I placed a small piece of pine wood in her mouth, to prevent her from biting her tongue. These convulsions occurred about every hour, or nearly so, and lasted some five or eight minutes. She would froth at the mouth, etc., and would then rest in a comatose way, with some twitching of the muscles of the body, until they would occur again. Dr. J. C. Stern gave her, before my arrival, a large dose of bromide of potassium with one-sixteenth of a grain of morphia sulph., which was continued every two hours subsequently until morning, adding warm wet hops, in a bag, over the region of the stomach.

I went again to see her, and found her pretty much in the same situation, only that we had more trouble to give her medicine. I administered a hypodermic injection of sulphate of morphia and chloroform in the right arm, and at the same time upon the spinal column over the lower cervical vertebrae, which within half an hour afterward arrested the convulsions, and she then rested until 3 o'clock P.M., having only taken medicine twice during that time, as directed, if she fell into sleep.

In the evening we both saw her, and she had no more convulsions. We ordered a mild physic, continued the medicine internally every three hours, with the addition of muriate of ammonia in solution, to allay thirst and fever, with cold wet cloths to the head, etc.

Saw her next morning (second day). Bowels were moved and symptoms apparently better. During this time milk was ordered to be given her, when she could swallow, as nourishment.

Third day. Saw her in the morning. Symptoms rather better; still some subsultus tendinum of the face and body, and a tendency to slight uterine pains. Ordered a strong infusion of cimicifuga, with bromide of potassium and small doses of morphia sulphates jointly, to be given in proper doses every three hours; the solution of muriate of ammonia (twelve grains to the dose) was given also three or four times a day. Milk diet continued. Was sent for about noon. Upon my arrival found the girl was in labor, with head presentation of usual order, and about an hour afterward the child was born.

Now comes the novelty. About eight inches from the navel of the child the umbilical cord (it being a large cord and of ordinary length) was tied in a hard, common knot, which had

undoubtedly caused the death of the foetus in the womb of its mother, from the circulation in the cord being entirely cut off between mother and child.

Upon my arrival there the first night I believed the mother had given the patient something to eat that caused the sudden convulsions, but as the mother was away that evening or afternoon, I could find nothing out as to the cause. But the second day I found she had eaten a great many raw onions, out of the garden, and this was undoubtedly the cause. The over stimulation of the raw onions in the stomach may have brought on the convulsions; but there is, in my mind, another and more probable solution: that is, the overstimulating effects of the onions upon the foetus in the womb, causing its hurried evolutions in utero and its abnormal gyrations therein, until the umbilical cord was finally tied in a hard, common knot, so firmly and tight as to produce its death, which causes jointly combined were sufficient to throw any stout primipara into convulsions.

WILLIAM C. STERN, M.D.

Casstown, Pa., June 29th, 1878.

Case of Placenta Prævia.

ED. MED. AND SURG. REPORTER:—

The following case may be of interest to many of the readers of your journal. On the morning of May 9th, 1878, I was hastily summoned to see Mrs. M., who was taken with profuse flooding, prior to her fifth confinement. On my arrival I found a large pool of blood covering the floor underneath her chair. She was immediately put to bed. I then made an examination, and found the case to be one of placenta prævia (placenta being attached to the right posterior portion of cervix). I used cold and astringent applications, with opium internally, but without any perceptible benefit. I then resorted to the tampon, which was effectual in stopping the flow of blood. At 4 o'clock P.M. labor commenced, and at 8 o'clock, after several very severe pains, a male child was born, followed rapidly by the placenta, which was considerably lacerated, to the extent of one-half its surface. There also came with the placenta an immense clot of blood, fully two-thirds the size of the placenta.

The child was perfect in its organization, but apparently lifeless and completely bloodless. I succeeded in arousing it for a time by keeping its head much lower than the rest of the body. As soon, however, as its head was raised to a level with the rest of its body it ceased to respire; showing plainly that many apparently bloodless and lifeless children may be made to live on, by keeping the circulation of the brain complete (by lowering the head).

The peculiarities of this case are as follows: 1st. The mother did not manifest any symptoms of a severe loss of blood; 2d. The child, apparently bloodless and lifeless, was followed immediately by the much lacerated placenta, together with an immense clot of blood, which

I think had been organized for some time, the mother having slipped and fallen some days previous, which she complained of for two or three days; it causing bearing-down pains; 3d. Child's manifestation of life when the head was lowered and the brain supplied with blood, but ceasing when brought to a level with the rest of the body. I therefore conclude that it was not the mother that suffered from the loss of blood, but the child. The blood having proceeded from the lacerated portion of the placenta (sub-placental hemorrhage).

W. C. PEASLEE, M.D.

Napoli, Catt. Co., N. Y., June 22d, 1878.

A Few Remarks on Medical Reform.

ED. MED. AND SURG. REPORTER:—

I have read, with much interest, the report in your journal, of the proceedings of the State Medical Society, and have noticed with satisfaction the attempt in some of the resolutions to raise the standard of qualification for students entering the profession. These resolutions demand that members of the societies shall require their students to pass a preliminary examination in general education, to study three years, and only attend those colleges which enforce the three years' study.

While rejoicing to observe these signs of progress, the question presents itself, whether such regulations as those advocated at the meeting, which will place the most reliable medical men in an anomalous position as regards the receiving of students, will conduce to the general welfare? The result, it appears to me, will be that the least scrupulous and conscientious practitioners will be those who will receive the most students, and that in this way harm instead of good may ensue. Preceptors will always be found outside the societies, and, unfortunately, also, members of the societies, who will give the required certificates to students, so long as the law recognizes the degrees of every little chartered diploma manufacturing establishment in the country as equal to the diplomas of first-rate colleges.

It is evident that medical reform in this direction must proceed by degrees, but it is to me hard to see how a superstructure such as that embodied in the resolutions can be built upon so insecure a foundation as that which the present regulation, or rather non-regulation, of medical qualifications presents.

As time advances, and medicine as a science is expanding, the duties of physicians are becoming more varied, and the responsibilities greater, and requiring a broader and more comprehensive knowledge.

In the questions of the prevention of disease, questions of hygiene and of State medicine, etc., physicians must be the educators and pioneers. In those hygienic reforms which, perhaps, more than any others will conduce to the welfare and happiness of the people, the communities must suffer if responsibilities are assumed without the necessary preparation.

If the more intelligent classes knew the false ideas of hygiene, the criminality, the demoralization and incalculable misery that is wrought in the community by ignorant charlatans, who usurp the name of physician, there would be general indignation. But how is it possible for the public, especially the less intelligent, who have no idea of the first principles of medicine, to cope with the brazen impudence of the wily quack? who is, perhaps, called on in an emergency, who trifles with and makes capital out of the tenderest affections, and, if he does nothing worse, sows the seeds of ignorance and superstition. It is a biting sarcasm, that while all this is winked at, there is in some quarters so much opposition to the entrance into the profession of a few educated ladies.

And then, from a narrower point of view, it may be true that only the younger members of the profession suffer peculiarly by this irregular practice, but the instinct of pride in a noble calling has not been obliterated by a successful practice in those who are leaders of the profession.

The difficulty may be urged that there are so many schools of medicine, which renders a standard of qualification difficult. Except as regards the application of remedies, we know that there is not, nor ever has been, nor ever can be, more than one school of medicine. A well qualified physician, whatever his ideas on therapeutics, is deserving of respect; the necessities for a scientific knowledge of medicine are the same, whatever shade of opinion there may be as to therapeutics; and the shades of opinion are, we know, almost limitless; more than one method of treatment is successful, if intelligently applied.

It appears to me that the first object should be to enforce that legislation, as far as possible, which we already possess. Why should we be behind the legal profession in this respect? they laugh at us for tolerating what we do.

To us is entrusted the duty of not only defending the dignity of our art, but also the public. How is this duty to be performed? Here, in Philadelphia, it is well known that a very large proportion of the practice is performed by men who have no pretense to any form of qualification or training, but a very slight knowledge of drugs, who yet take upon themselves every responsibility, and the style and appellation, of physician.

To correct this evil the first object should be to enforce the legislation we already possess; and this, from obvious reasons, it is impossible for private individuals to do.

To accomplish this end I believe a medical defense association should be established, to be supported by physicians, through the societies, or otherwise, which should employ a competent attorney, and take the necessary measures.

A small subscription by the physicians of Philadelphia would be sufficient to commence such an association.

Existing interests should be guarded as much as possible, but measures taken to check, and

finally to overcome, the present evil. The proposed society would act as an auxiliary to the American Medical Association, and eventually an effort might be made to obtain more uniform and efficient legislation.

Philadelphia, A. H. MELLERSH, M.D.

NEWS AND MISCELLANY.

Death of Rokitsansky.

A dispatch from Vienna announces the death of Professor Karl Rokitsansky, the eminent physician and anatomist. He was born at Konigsgratz, in Bohemia, February 19th, 1804, studied medicine at Prague and Vienna, and received his degree of Doctor in 1828. He was attached to the establishment of Pathological Anatomy in Vienna, was appointed demonstrator in the Grand Clinical School, legal anatomist, etc., and conducted, in the course of a few years, more than 30,000 dissections and post-mortem examinations. In 1848 he was named Honorary Rector of the University of Prague, and Member of the Academy of Sciences of Vienna; in 1849 Dean of the Professors of the School of Medicine, and in 1850 Rector of the University of Vienna. Though not a liberal contributor to the literature of his profession, Professor Rokitsansky was esteemed in Germany as the chief of his school. His most important work is a "Manual of Pathological Anatomy," published at Vienna in 1842-46 and subsequently translated into English by the Sydenham Society, and published in London in 1845-50.

Statistics of Physicians.

Dr. Draper, of Boston, gives the following statistics:—

Of 677 deaths of members of the Massachusetts Medical Society, during the last twenty-five years, the earliest occurred at the age of 21, and the latest at 95; the average age of deaths having been 58.84 years. The greatest number died at the age of 72, and the next largest number at 69. Among 1260 deaths of physicians recorded in the registration reports for Massachusetts for the past thirty-four years, the average age at death was 53.27.

Yellow Fever.

A letter from Havana says: Yellow fever is making the usual havoc at this season of the year, and a large number of cases are reported from the military and other hospitals.

The New Orleans *Picayune* publishes a statement that about 60 cases of yellow fever have occurred in that city, seven of which have proved fatal. The Board of Health hopes to check the spread of the disease.

Several cases have been received at the New York Quarantine.

Personal.

—Professor Virehow has decided on leaving active political life, and has addressed the following words to his late constituents: "There are people who say I do not wish to go back to the Reichstag, out of pure dislike to the Empire. Certainly I am one of those who combated the present Imperial laws at their creation, as being inadequate and injurious. But now that they exist, I resign myself to the hard reality, and stand as firmly as any one by the Emperor and the Empire. I cannot accept a seat in the Reichstag, simply because it would be incompatible with my scientific labors to do so, and would inevitably lead to my abandoning them altogether. Perhaps you may think me a good-enough politician, but for myself I think I am a better *savant*. I am convinced that in this, my real province, I can be more useful than in the Reichstag."

—Dr. Augustus H. Gross, a brother of Dr. Ferdinand Gross, of this city, died at his home in Pittsburgh, on Monday. He was twice elected, as a Republican, to the State Legislature, and was president of the Pittsburgh Select Council from 1869 until he became a candidate for Mayor in 1872.

—Docent Karl Rokitsansky has just been made an Extraordinary Professor, so that Baron Rokitsansky's four sons are all professors—two in the Medical Faculty and two in the Conservatorium, one of whom, Hans Rokitsansky, is the renowned bass singer.

—The Academy of Sciences at Paris has presented the name of Dr. Brown Sequard as a candidate for the chair of medicine made vacant by the death of M. Claude Bernard.

—Minnie Warren, the well-known dwarf, who has delighted so many audiences, died at Fall River, on Tuesday, July 30th, in childbirth.

QUERIES AND REPLIES.

Dr. W. P.—The dose given should have been a tablespoonful.

Anthrax inquires if there is any substance less potent than caustic potash that will "neutralize in the stomach all glucose, saccharine and oleaginous substances," as claimed by an "anti-fat" nostrum now being advertised.

Dr. J. D., of Mo., desires suggestions for the removal of chloasma patches on the face and hands. The patient, a lady, enjoys good general health, and is 23 years of age, unmarried.

DEATHS.

HUMSTON.—At Morocco, Ind., at 2 o'clock, Wednesday morning, July 3d, 1878, Lucy A., wife of Dr. M. L. HUMSTON, died of congestive chill.

Al Amanda Nichols was born in Oldham County, Ky., May 21, 1836. Deceased experienced religion in her 9th year, and for 33 years has been a consistent member of the M. E. Church, "bringing forth the peaceable fruits of righteousness." She was married to Dr. M. L. Humston, in May, 1860, and moved that year from her native State to Morocco, Newton Co., Ind. She leaves five children.